

Navigating the Latest CMS Guidance: Key Updates to Appendix PP

Hawley Hunt, MBA, MHA, LNHA
Senior Director, Regulatory and Quality Services



1



Revised Surveyor Guidance

CMS released [QSO-25-07-NH-Revised Long-Term Care \(LTC\) Surveyor Guidance](#): Significant revisions to enhance quality and oversight of the LTC Survey Process.



CMS released [QSO-25-12-NH](#) delaying the timeline from **February** to **March** and adding additional guidance-Nursing Services & PBJ.



CMS released [QSO-25-14-NH](#) delaying the timeline from **March** to **April** and updated several CEPs.

The changes became effective, and surveyors began surveying based on the updated guidance on **April 28, 2025**.



2

Regulations with Guidance Updates

- Admission, Transfer and Discharge
- Chemical Restraints/Unnecessary Psychotropic Medication
- Professional Standards and Medical Director
- Accuracy/Coordination/Certification- related to the Minimum Data Set (MDS)
- Comprehensive Assessment after Significant Change
- QAPI/QAA Improvement Activities
- Cardio-Pulmonary Resuscitation (CPR)
- Pain Management
- Physical Environment
- Infection Prevention and Control
- COVID-19 Immunization
- Nursing Services
- Payroll based Journal

3



Critical Element Pathway Updates

1. QAPI/QAA
2. Pain Recognition and Management
3. Respiratory Care
4. Unnecessary Meds/Chemical Restraints/Psychotropic Meds/Med Regimen Review
5. Hospitalization
6. Accidents
7. Resident Assessment
8. Discharge
9. Nursing Services

4

Admission Transfer and Discharge

5

Admission, Transfer, and Discharge

- | | |
|--|--|
| <ul style="list-style-type: none"> • Current F-tags related to admission, transfer, and discharge • F622- Transfer and Discharge • F623- Notice before transfer • F624- Orientation for transfer or discharge • F625- Notice of bed-hold policy and return • F626- Permitting residents to return to facility • F660- Discharge Planning Process • F661- Discharge Summary • Removing terms “facility-initiated” and “resident-initiated” | <ul style="list-style-type: none"> • New F-tags (beginning 2/24/25) • F627- Inappropriate Transfers and Discharges • F628- Transfer and Discharge Process |
|--|--|



6



Admission, Transfer, and Discharge

Key takeaways:

- Admission Agreements (F620)-New guidance was added clarifying prohibition of language in the admission agreements that specifically request or requires a 3rd party to personally guarantee payment to a facility.
 - Includes examples of admission agreement language that would not be compliant.



7



F620- Third Party Guarantee of Payment

The guidance states-

If an individual does not actually have legal access to the resident's funds, the facility may not request or require the individual to pay the facility.

Language that holds both (1) the resident and (2) the representative or other individual jointly responsible for any sums due to the facility (however, language that holds the resident solely responsible without joining the representative is allowable).

8



Admission, Transfer, and Discharge

- Key takeaways- continued:
 - CMS removed the terms “facility-initiated” and “resident-initiated”
 - This change was to make it clear that facilities should ensure a safe discharge, regardless of who initiates the discharge.
 - During the off-site preparation for surveys, surveyors are directed to reach out to the local Ombudsman to determine if there have been recent complaints, regarding improper discharges.



9



Action Items for F627 and F628

- Educate staff to document that facility staff has assessed the resident’s ability to care for themselves at home, and if they cannot, that there is a caregiver in place that can care for them safely.
- Ensure policies and procedures are in place that allow residents to return to the facility following hospitalization and therapeutic leave.
- Update all transfer/discharge policies to remove the terms “facility-initiated” and “resident-initiated” when describing discharges.



10



Action Items for F627 and F628

- Review the against medical advice (AMA) policy to ensure it aligns with current guidance and ensure facility staff are trained on what AMA means.
- Residents should be periodically assessed for their interest in transitioning to community living unless the resident indicates otherwise.
 - More information on this requirement is available in the [Resident Assessment Instrument \(RAI\) Manual](#).



11

Chemical Restraints/Unnecessary
Psychotropic Medication

12



Chemical Restraints/Unnecessary Psychotropic Medication

- CMS moved the regulation, guidance, and surveyor procedures from F758 (Unnecessary Use of Psychotropics) to F605 (Chemical Restraint).
- F758 has been removed from Appendix PP.
- F757 has been revised and reorganized to include guidance for unnecessary medications, excluding unnecessary psychotropic medications.



13



F605: Unnecessary Use of Psychotropics

Definition of Convenience:

- Unnecessary medication administration that is not required to treat a resident's medical symptoms, and which causes symptoms consistent with sedation such as:
 - Excessive sleeping, Drowsiness, Withdrawal, Decreased Activity



14



F605: Unnecessary Use of Psychotropics

- Emphasizes psychotropic medications should be the last resort for treatment.
- There must be documentation that the facility has attempted behavioral (i.e., nonpharmacological) interventions and that these interventions have been deemed clinically contraindicated or unsuccessful.
- Emphasizes requirements related to the right to be fully informed of and participate in or refuse treatment.
 - Per the requirements at 42 CFR 483.10(c) (F552), residents have the right to be informed of and participate in their treatment.
 - Noted before initiating or increasing a psychotropic medication, the resident must be notified of and have the right to participate in their treatment, including the right to accept or decline the medication.



15



F605: Unnecessary Use of Psychotropics

Severity Determination Level 3 Example:

- A resident has an order for a PRN psychotropic medication that the resident can take for anxiety. However, staff regularly administer the PRN psychotropic medication to the resident with no documented indication but during an interview, staff explained the medication helps the resident sleep, so they've been giving it nightly even though the resident did not request it. Since receiving the medication, the resident has been sleeping through breakfast and has experienced significant weight loss.



16



F757: Free from Unnecessary Medications

§483.45(d) The facility must ensure that each resident's drug regimen must be free from unnecessary drugs.

- An unnecessary drug is any drug when used:
 - In excessive dose (including duplicate drug therapy)
 - For excessive duration
 - Without adequate monitoring
 - Without adequate indications for its use
 - In the presence of adverse consequences which indicate the dose should be reduced or discontinued
 - Any combinations of the reasons listed above



17



Medical Record Documentation Guidance in F605, F641 and F658

- Guidance related to citing noncompliance when a concern related to documentation to support a diagnosed mental disorder, has been revised and expanded at the following tags:
 - F605 Chemical Restraints/Unnecessary Psychotropic Medications
 - F641 Accuracy/Coordination/Certification
 - F658 Services Provided Meet Professional Standards



18



Action Items for F605

- When prescribing a new psychotropic medication, or increasing the dose, facilities must address, in the medical record the non-pharmacological approaches used before prescribing the med (unless contraindicated).
- The facility must also document the assessment of relative benefits and risks and the preferences and goals for treatment.
- If residents are admitted with a psychotropic medication, without a clearly documented indication, the prescribing practitioner and the IDT should determine if continuing the medication is justified by conducting a comprehensive medical and psychiatric evaluation.



19



Action Items for F605

- If psychotropic medications were switched from one type to another, the medical record should show a rationale for the change in the medication regimen.
- Mental Disorders should be diagnosed, using evidence-based criteria, such as the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and documented in the resident's medical record.



20



Action Items for F605

- ❑ Before initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase.
 - Documentation should be stored in the resident's medical record.
 - Materials for resident/family education may be available on the manufacturer's websites, or you may collaborate with your consultant pharmacist for materials.
 - Note: Documented verbal consent is sufficient, but documentation must cover everything that was reviewed verbally.



21

Professional Standards and Medical Director

22



F658 and F841: Professional Standards and Medical Director

- Updates to the guidance for F658 (Professional Standards) included the following:
 - Instructions to surveyors for investigating adherence to professional standards of practice related to prescribing antipsychotics without approved indications for use.
 - CMS provided diagnostic criteria for schizophrenia, schizophreniform, and schizoaffective disorder.
 - They also updated the deficiency categorization and directed surveyors that a lack of documentation to support a schizoaffective disorder **and** the use of an antipsychotic medication without indication would represent an IJ at F658 **and** F605.



23

Insufficient Documentation

A situation where schizophrenia or another diagnosis is only mentioned as an indication in medication orders without supporting documentation.

The addition of, or request by the facility to a practitioner for, a diagnosis of schizophrenia or another diagnosis without documentation supporting the diagnosis.

A practitioner's note or transfer summary from a previous provider stating, "history of schizophrenia," "schizophrenia," or another diagnosis without supporting documentation confirming the diagnosis with a previous practitioner or family, and the facility failed to provide evidence that a practitioner conducted a comprehensive evaluation after admission.

A diagnosis list stating schizophrenia or another diagnosis without supporting documentation.

A note of schizophrenia or another diagnosis in an electronic health record (EHR) without supporting documentation which populates throughout the EHR.

A note of schizophrenia or another diagnosis in the medical record by a nurse without supporting documentation by the practitioner.

24



F658 and F841: Professional Standards and Medical Director

*“Surveyors should investigate this concern through record review and interviews with the practitioner(s), facility medical director, and other appropriate nursing home staff, as well as consult with the state agency medical director as needed. **Surveyors are not questioning the practitioner’s medical judgment, but rather, they are evaluating whether the medical record contains supporting documentation for the diagnosis to verify the accuracy of the resident assessment.**”*



25



F658 and F841: Professional Standards and Medical Director

- Updates to the guidance for F841 included the following:
 - Clarification that the medical director is responsible for intervening when medical care is inconsistent with current accepted standards of care.
 - Participation in the Quality Assessment and Assurance (QAA) committee or assign a designee to represent him/her. (Refer to F868)
 - Clarification regarding the Medical Director’s responsibilities related to implementing resident care policies (specifically about prescribing antipsychotics).



26



Action Items for F658

- Educate medical directors (and all prescribers) on the documentation requirements for psychotropic medications to be ordered, increased, or changed.
- Educate nursing staff on the documentation requirements for psychotropic medications to be ordered, increased, or changed.

27



Action Items for F841

- Facilities should ensure medical directors are involved in the implementation of resident care policies, such as ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and intervening when a practitioner is providing care that is inconsistent with current professional standards of practice.
- Review/update policies and procedures to accommodate these changes, and any contracts that outline the medical director's responsibilities.

28

Accuracy/Coordination/Certification and Comprehensive Assessment after Significant Change

29



F637: Comprehensive Assessment After Significant Change

- Revisions were made to update the language to reflect the levels of assistance a resident receives for self-care and mobility activities to align with Section GG of the MDS.

30



F641: Accuracy/Coordination/Certification

- The regulatory references and guidance under Coordination/Certification of Assessment (F642) are relocated to Accuracy of Assessment (F641), and tag F642 has been deleted.
- CMS added guidance to investigate if there was sufficient documentation to support a medical condition identified, especially related to a diagnosis of schizophrenia.



31



F641: Accuracy/Coordination/Certification

- Surveyors should investigate this concern through record review and interviews with staff who completed the assessment. Surveyors are not questioning the physician's medical judgement, but rather, they are evaluating whether the medical record contains supporting documentation for the diagnosis to verify the accuracy of the resident assessment.



32



F641: Accuracy/Coordination/Certification

- If the surveyor identifies a pattern (i.e., three or more residents) of inaccurate MDS coding by staff who completed, signed, and certified to the accuracy of the portion of the assessment they completed, and there are indications or concerns that the individual who completed the section(s) in question knew the coding was inaccurate, a referral should be made to the Office of Inspector General for investigation of falsification per §483.20(j).



33



Action Items for F641

- Facilities are encouraged to audit resident records using the [AHCA schizophrenia checklist](#), or similar audit forms.
- Review/update policies and procedures regarding coding of schizophrenia to ensure they align with criteria in the current version of the DSM for diagnosing schizophrenia.
- Review the [RAI manual](#) for information regarding accurate coding.



34

Quality Assurance Performance Improvement

35



F867: QAPI

- CMS added a definition for health equity to the QAPI F-tag (F867).
- CMS also added to the guidance- *Facilities should also collect and monitor data related to the outcomes of sub-populations to address any health equity issues. For example, there could be higher risk or problem-prone issues related to certain sub-populations (e.g., race, sexual orientation, socioeconomic status, or preferred language) within the facility.*

36



New Definition

“Health equity” refers to the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. From the CMS Framework for Health Equity, April 2022,

<https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cmsframework-for-health-equity>.



37

CMS Health Equity Feedback Reports

- [Health Equity Confidential Feedback Reports: POST-ACUTE CARE QUALITY REPORTING PROGRAMS \(PAC QRPs\)](#)
 - [PAC Health Equity Confidential Feedback Report Overview Recording 10-16-2023 \(27:33\)](#)
 - [PAC Health Equity Confidential Feedback Report Fact Sheet 10-16-2023 \(PDF\)](#)
 - [PAC Health Equity Confidential Feedback Report Webinar Transcript 10-16-2023 \(PDF\)](#)
 - [PAC Health Equity Confidential Feedback Report Webinar Slides 10-16-2023 \(PDF\)](#)
 - [PAC Health Equity Confidential Feedback Report Q&A Session Recording](#)

38



Action Items for F867

- Review/update QAPI plan to include additional information QAPI should review, related to health equity.
 - Update QAPI agenda to include the outcomes of sub-populations.
- Begin to determine what reports your facility plans to use when reviewing resident demographics. Examples of reports may include, but are not limited to:
 - [SNF QRP Reporting](#)
 - Resident demographics from Section A of the MDS
 - Facility specific demographic tracking lists, based upon the population identified in the Facility Assessment



39

Quality of Life and Quality of Care

40



F678: CPR

- Updates were made to CPR certification to align with current nationally accepted standards.
- This includes that training may be held in a physical or virtual instructor-led setting by accepted national standards.
- **AHCA Resources/Action Items:**
 - [CPR- Survey Tip](#)
 - Review/update policies and procedures related to CPR, if applicable.



41



F697: Pain Management

- CMS revised the guidance by adding a definition for acute, chronic, and subacute pain definitions to align with [CDC](#) definitions.
- Opioid treatment for pain needs to be appropriately assessed and individualized for each resident.
- Clinicians may consider prescribing immediate-release opioids instead of extended-release and long-acting opioids.
- They also provided additional resources from various places including AMDA, JAMA, CDC, and NIH, related to opioid treatment plans.
- Emphasizes the resident rights to be informed about the risks and benefits of the proposed treatment and directs surveyors to F552-Resident Rights for concerns.



42



Definitions Added

- **Acute Pain** refers to pain that is usually sudden in onset and time-limited with a duration of less than 1 month and often is caused by injury, trauma, or medical treatments such as surgery.
- **Chronic Pain** refers to pain that typically lasts greater than 3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.
- **Subacute Pain** refers to pain that has been present for 1-3 months.



43



Action Items for F697 Pain Management

- Review updates to the guidance with the facility's medical director, along with other prescribers and consultant pharmacist.
- Review/update policies and procedures related to pain medication, if applicable.
- Consider developing or implementing routine audits to determine if the facility is following their policies for pain management.

AHCA resource:

- [AHCA Education: Opioid Use: What Do We Do & How?](#)



44

CMS-20127- Accidents CEP



Substance Use Disorder (SUD) was added to several observations, interviews, and record reviews.



Several areas for observation of specific hazards were eliminated/streamlined.



Observation was added regarding electronic cigarettes that facilities must not leave devices unattended when charging.



A note was added under the resident-to-resident altercation section that directed surveyors to F600, if the altercation was willful.



Surveyors are directed to determine (through record review) if residents were educated on safety related to their risk factors (e.g., safe cigarettes and e-cigarettes (including lighters and chargers), falls, and hot liquids).

45



Action Items for CMS-20127- Accidents CEP

- Conduct routine audits of:
 - All bed rails to ensure they were applied securely according to the manufacturer's instructions.
 - Floors to ensure they are free from hazards that can cause falls, such as spilled liquids, slippery areas, uneven flooring, or debris on the floor.
 - Water temperatures must be a safe temperature.
- Provide staff education on the following topics:
 - Smoking, or use of electronic cigarettes, including safe storage.
 - Policies surrounding caring for residents with SUD.
 - Resident-to-resident altercations.

46



Action Items for CMS-20127- Accidents CEP

- Audit all residents, including those with SUD, and ensure if they are exit-seeking, interventions have been implemented to keep the resident safe.
- Review policies and procedures for assessing residents with SUD who leave the facility and return. Residents should be assessed for signs and symptoms of substance use and potential overuse (to prevent an overdose event).
- Review policies and procedures for storage of cigarettes or electronic cigarettes.
- Review [Reminders for Residents with Electronic Cigarettes](#) blog post for helpful tips.



47



Action Items for CMS-20127- Accidents CEP

AHCA Resources:

- [AHCA Education: Nursing Centers Action Plan Response for Adverse Events](#)
- [AHCA Education: Accidents- How to Stay Ahead of F689 and Keep Your Residents Safe](#)
- [Survey Tip – Reporting Resident to Resident Altercations](#)



48



CMS-20081 - Respiratory Care CEP

- Several changes related to specific medical terminology were changed to less specific guidance that said, per manufacturer's instructions.
- Observations and interviews were reduced and simplified throughout this CEP.

Action Items:

- Review updates to the guidance with the applicable clinical team members.
- Review/update policies and procedures related to respiratory care, if applicable.



49

Physical Environment

50



Physical Environment

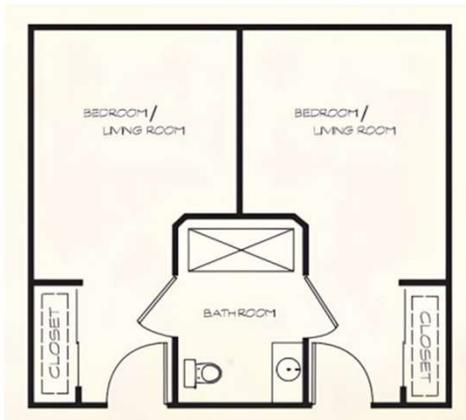
CMS has clarified the applicability of the requirements, specifically addressing when a bathroom is required within each resident bedroom. Moving forward, facilities that meet any of the following criteria must meet the requirement to provide each resident bedroom with its own bathroom consisting of at least a sink and toilet:

1. A facility that received approval for construction from the state or local authority after November 28, 2016.
2. A facility that is newly certified after November 28, 2016.
3. A facility that completes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement resulting in a “new initial certification” for a new provider agreement that is effective after November 28, 2016.
4. A facility whose provider agreement was terminated by CMS, and a new provider is working to re-enroll in the Medicare program as a newly certified facility effective after November 28, 2016.



51

- If the facility does not fall into any of the four (4) criteria above requiring each resident bedroom to be provided with its own bathroom, existing single or double occupancy rooms may be conjoined with a shared bathroom.



Sample arrangements of a shared bathroom between two (2) resident bedrooms.



52



Action Items for F918

- Know and maintain the dates of facility construction approvals and CMS certification. This includes separate dates for additions or significant renovations.
- Recognize the ramifications around ownership change when the new owner does not accept assignment of the existing provider agreement.
- Recognize the consequences when a provider agreement is terminated, and a new provider attempts to re-enroll as a newly certified facility.
- Consider utilizing design professionals with specific knowledge in CMS requirements, Life Safety Code® compliance, and the Healthcare Facility Guidelines (FGI) when designing for a new building, addition, and/or renovation.



53

Infection Control

54



Enhanced Barrier Precautions (EBP)

- CMS added EBP to the infection control (F880) guidance.
- This addition is in line with [QSO-24-08](#) that was released March 20, 2024.



55



Infection Prevention and COVID-19 Immunizations

- CMS added examples of deficiency categorizations related to the spread of COVID-19.
- CMS added F887 (COVID-19 Immunization) to Appendix PP. F887 was provided in [QSO-21-19-NH](#).



56

Action Items for F880

- Review resources for EBP, available on the [AHCA Clinical Practice Page](#).
 - [AHCA NCAL Enhanced Barrier Precautions Toolkit.pdf](#)
 - [AHCA EBP FAQ.pdf](#)
 - [AHCA/NCAL Clinical Scenario EBP](#) and [Teaching Tool](#)
- AHCA [IPCO](#) program
- Review CDC EBP resources:
 - [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC](#)
 - [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | LTCFs | CDC](#)



57



Action Items for F880

- Review policies and procedures related to isolation precautions to include EBP.
- Educate staff and residents on EBP.
- Audit all resident's charts to determine if they need to be on EBP and ensure signs (or ensure other methods of identification for residents on EBP) are in place, along with PPE needed.



58



Action Items for F887

- Document offering and educating residents and staff on new COVID-19 vaccines, as they become available.
- Document offering and educating residents and/or their responsible parties on COVID-19 vaccines upon admission.
- Reference the most up-to-date [FAQ](#) about the vaccine for education offerings.

Nursing Services

Nurse Staffing Guidance in F725 and F727



Instructions specific to staff interviews, observations, key elements of noncompliance, and deficiency categorization.



Instructions to surveyors based on whether or not the PBJ Staffing Data report identified concerns.



Investigative probes for the Director of Nursing requirements and deficiency categorization examples.



Investigative procedures for evaluating compliance with the submission of direct care staffing information and payroll using the Payroll Based Journal Staffing Data Report.

61



F725, Sufficient Nursing Staff

- The facility assessment contributes to the identification of sufficient staffing to meet the residents' needs.
- The facility is required to provide licensed nursing staff 24-hours a day, along with other nursing personnel, including but not limited to nurse aides. The facility must also designate a licensed nurse to serve as a charge nurse on each tour of duty.
- Guidance to surveyors notes to cite this F-Tag only if there is non-compliance related to a facility not providing services by sufficient number of nursing personnel (licensed and non-licensed), not providing licensed nursing staff 24-hours a day, and/or does not have a licensed charge nurse on each tour of duty

62



F727, RN 8 Hours/Day | Full Time DON

- The RN is generally responsible for more advanced care activities such as resident assessments, *developing and evaluating plans of care*, consulting with physicians, and administering intravenous fluids or medications.
- *The requirement for 8 consecutive hours of RN services can be met by any RN or multiples of RNs.*
- *The hours worked by the DON would be considered applicable towards the requirement.*



63



F725, F727 and Payroll-based Journal Reporting

- Surveyor must use the *PBJ Staffing Data Report* as a starting point when investigation F725 and F727.
- The *PBJ Staffing Data Report* identifies if the facility:
 1. Reported no RN hours (F727);
 2. Failed to have Licensed Nursing Coverage 24-hours/day (F725);
 3. Reported excessively low weekend staffing (F725);
 4. Has a one-star Staffing Rating (F725); and
 5. Failed to submit PBJ data for the quarter (F851).



64



Action Items for F725 & F727

- Review your facility's PBJ reports (recommended monthly/quarterly at minimum prior to submission deadline)
 - ✓ 1702S Staffing Summary Report summarizes staffing information by Job Title for a specific period of time.
 - ✓ 1703D Job Title Report details by work date the staffing hours submitted for select job title(s) during a specified period.
- Determine if your facility reported zero hours for a particular job title (e.g., RN).



65



Action Items for F725 & F727

- Consider:
 - Is the information accurate?
 - If accurate and issues are found, conduct a root cause analysis to determine the cause.
 - Include trends in your monthly QAPI.



66



Action Items for F725 & F727

- Review your facility's PBJ 1705 Staffing Data Report after the submission deadline. This is the same report accessible by surveyors.
1. Reported no RN hours.
 2. Failed to have Licensed Nursing Coverage 24-hours/day.
 3. Reported excessively low weekend staffing.
 4. Failed to submit PBJ data for the quarter.



67

Action Items for F725 & F727

- Review and consider utilizing the updated CEP in your facility assessment.

AHCA Resources:

- [AHCA Education: Payroll-Based Journal: Best Practices for Submitting Data](#)
- [AHCA Education: Facility Assessment § 483.71 Action Brief](#)
- [AHCA Education: Strengthening Facility Assessments to Adapt to Regulatory Changes](#)
- [AHCA Education: Facility Assessment Checklist](#)
- [AHCA Education: The Five-Star Quality Rating System](#)



68

Payroll-Based Journal

69



Key Takeaways

- If a facility failed to submit PBJ data for the quarter, surveyors are directed to cite F851 at an F scope and severity.
- Surveyors are guided to cite F851 if one of the following occurs:
 1. The facility failed to submit PBJ data in a uniform format; or
 2. The facility failed to complete data for the entire reporting period; or
 3. The facility failed to provide accurate data; or
 4. The facility failed to provide the data by the required deadline.

70



Key Takeaways

- Note: **Noncompliance at F851 focuses on the submission of staffing data.** If the surveyor identifies concerns related to registered nurse (RN) coverage eight hours a day, licensed nurse (LN) coverage 24-hour a day, or sufficient staffing, surveyors should investigate these concerns using the Sufficient and Competent Staff Critical Element Pathway, and guidance at §483.35 Nursing Services (F725 & F727).



71



Action Items for F851

- Review the [PBJ Policy Manual](#) and [PBJ Manual FAQs](#) to be familiar with PBJ requirements.
- Create a plan to submit staffing data frequently and early. It is recommended that facilities submit and remediate their data on a weekly or biweekly basis.
- Review the [PBJ CASPER](#) reports frequently and revise submitted data prior to the submission deadline. Recall, no revisions can be made to the submitted data post the deadline.
- If you are working with a vendor to support your PBJ submissions, discuss with them what processes they have in place to ensure data is submitted in a timely manner. As a provider it is your responsibility to ensure that your data is submitted in a timely and accurate fashion even if you are working with a vendor.



72



Action Items for F851

- Identify a backup staff member to submit the data in the event the lead is not available.
- If there is a specific reason that the facility was not able to submit data for a particular quarter, have an explanation and supporting documentation/data present to discuss with the survey team.

73



Resources

74

Regulatory Resources

Webinar- [Preparing for Upcoming CMS Guidance Changes: Key Updates and Action Items for Compliance](#)

F-tag Action Tools Now Available

- [F627/F628- Transfer and Discharge](#)
- [F605-Right to be Free from Chemical Restraints](#)
- [F880-Infection, Prevention, & Control](#)
- [F658-Services Provided Meet Professional Standards](#)
- [F841-Medical Director](#)
- [F697-Pain Management](#)
- [F637/F677- Significant Change and ADLs](#)
- [F641- Accuracy of Assessment](#)
- [F851-Payroll Based Journal](#)
- [F867, QAPI](#)
- [F725/F727-Nursing Services](#)
- [F918- Bathroom Facilities](#)

75

We Are Here For You!



[Holly Harmon](#)
Senior Vice President, Quality, Regulatory & Clinical Services



[Holly Norelli](#)
Vice President, Quality and Regulatory Services



[Urvi Patel](#)
Senior Director, Quality & Programs



[Hawley Hunt](#)
Senior Director, Regulatory & Quality Services



[Amy Miller](#)
Director, Clinical & Regulatory Services



[Raven Jackson](#)
Director, Regulatory & Quality Services



[Ja'Nelle Williamson](#)
Coordinator, Quality & Regulatory



[Meghan Medvitz](#)
Senior Manager, Quality Improvement & Emergency Preparedness



[Kendyl Kelly](#)
Manager, Quality Improvement



76



Contact Information

**Hawley Hunt, MBA, MHA,
LNHA**

Senior Director, Regulatory
and Quality Services

hhunt@ahca.org